DATENIT	A DDL IO ATIO	M FEE BETER	SALINI ATIONI	DECODE
PAIENI	APPLICATIO	N FEE DETER	KMINAHUN	RECURD

Effective October 1, 2001												
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA		NTITY	OR	OTHER SMALL I	
TOTAL CLAIMS		417				R/	TE	FEE	1 1	RATE	FEE	
FOR		/ / NUMBER FILED		NUMBER EXTRA		BAS	C FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS		47 minus 20= 1		* 27		X	9=	243	OR	X\$18=		
INDEPENDENT CLAIMS			g mir	nus 3 = *			X	12=	7	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT					+1	40=	-	OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2							TO	TAL	1013	OR	TOTAL	
CLAIMS AS AMENDED - PART II OTHER THA									THAN			
		(Column 1)		(Colu		(Column 3)	SN	ALL	ENTITY	OR	SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT			-	PRESENT EXTRA	. R/	ATE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	X	9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X	12=		OR	X84=	
	FIRST PRESE	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+1	40=.		OR	+280=	
				. •			<u> </u>	OTAL			TOTAL	
		(Column 1)		(Calu	mn 2)	(Column 3)	ADDI	r. FEE	L	On	ADDIT. FEE	
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT	R	NTE .	ADDI- TIÖNAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=	]   x	9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	T CL AINA	<u> -                                    </u>	×	12=		OR	X84=	
	FINST PRESE	NIATION OF MI	JEHPLE DEF	PENDEN	T CLAIN		+1	40=		OR	+280=	
							ADDI	TOTAL T. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			ımn 2)	(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	]   x	S 9=		OR	X\$18=	
	Independent	*	Minus	***	IT ()		↓   ×	12=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					┙┝╴	40=		1	+280=	1	
	If the entry in colu	mn 1 is less than t	he entry in col	umn 2, wri	te "0" in co	olumn 3.		4U= TOTAL		OR	TOTAL	
**	*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE											
	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

Application or Docket Number